P03/03

Docket No.: 106143

### APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A METHOD AND APPARATUS FOR MANAGEMENT AND REPRESENTATION OF DYNAMIC CONTEXT

| described and cla               | imed in the speci   | fication:   |  |   |
|---------------------------------|---|---|--|---|
| Check one                       |   |   |  |   |
|                                 | attached hores  |   |  |   |
| p. (                            | filed on  | as Application No and an  | nended on (if applicable).   |   |
| I hereb<br>amended by any       |   |   | ntents of the above-identified specificat  | ion, including the claims, as                                   |
| I ackno                         |   |   | nation known to me to be material to par   | entability as defined in Title                                  |
|                                 |   |   | the following foreign application(s) and<br>hin one year prior to this application are   |   |
| None                            |   |   |  |   |
| States of Americ                | a either (a) more   | ion(s) for patent or inventor's certi<br>than one year prior to this applica<br>s provisional application(s): | ficate on this invention were filed in co<br>tion, or (b) before the filing date of the  | untries foreign to the United<br>above-named foreign priority   |
| None                            |   |   |  |   |
| I herel<br>application and to   | by appoint the formation of the transact all basis        | ollowing as my attorneys of reco  | rd with full power of substitution and   | revocation to prosecute this                                    |
| ••                              | J:  | ames A. Oliff, Reg. No. 27,075; W   | illiam P. Berridge, Reg. No. 30,024;   |   |
|                                 |   |   | Thomas J. Pardini, Reg. No. 30,411;  |   |
|                                 |   |   | 0; Robert A. Miller, Reg. No. 32,771;  |   |
|                                 | Mario A. C  | Costantino, Reg. No. 33,565; and  | Stephen J. Roe, Registration No. 3   | 4,463.  |
| ALL CORRES                      | PONDENCE IN<br>19928, ALEXA                               | I CONNECTION WITH THIS A<br>INDRIA, VIRGINIA 22320, TEL   | APPLICATION SHOULD BE SENT<br>EPHONE (703) 836-6400.   | to oliff & berridge,  |
| own knowledge<br>were made with | are true and that<br>the knowledge t<br>Title 18 of the U | all statements made on information hat willful false statements and the                                       | contents of this Declaration, and that all a<br>on and belief are believed to be true; and<br>like so made are punishable by fine or<br>dilful false statements may jeopardize the | l further that these statements<br>imprisonment, or both, under |
| Typewritten Full N              |   | Elin  | Ř.   | PEDERSEN  |
| of First or Sole In             | rventor   | Given Name  | Middle Initial   | Pamily Name   |
| **Inventor's Signa              | ture:   |   | Modelly public   |   |
| **Date of Signatur              |   | FEBRUAR   | V 13   | 2ccl  |
| _                               |   | Month   | Day  | Year  |
| Residence:                      |   | Redwood City  | California   | U.S.A.  |
|                                 |   | City  | State or Province  | Country   |
| Citizenship:                    | DENMAR  |   |  |   |
|                                 | Post Offic  | c Address:  |  | ٠,  |
|                                 | (Insert com   |   | Puigas   |   |

Redwood City, California 94062, U.S.A. \*If Box (a) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

(Insert complete mailing address,

including country)

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

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# PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| 1 | Typewritten Full Nan   |  |  |                              |                      |
|---|------------------------|--|--|------------------------------|----------------------|
|   | of Second Joint Inven  | ntor (if any)  | Lester                                 | 3 F* 111 Y 1.1 1             | NELSON               |
| 2 | **Inventor's Signature |  | Given Name                             | Middle Initial               | Family Name          |
| 3 | _                      | <del></del>  |  |                              |                      |
| 3 | **Date of Signature:   |  |  |                              |                      |
|   | Residence:             | Santa Cla  | Month                                  | Day                          | Year                 |
|   | Residence.             | City   | 14                                     | California State or Province | U.S.A. Country       |
|   | Citizenship:           | USA  |  | State of 1 Tovince           | Country              |
|   |                        | Post Office Address:<br>(Insert complete<br>mailing address, | 2453 Michele Jean Way                  |                              |                      |
|   |                        | including country)   | Santa Clara, California 95             | 5050, U.S.A.                 |                      |
| 1 | Typewritten Full Nan   |  | 0 . 1:                                 |                              |                      |
|   | of Third Joint Invent  | or (if any)  | Satoshi Given Name                     | Middle Initial               | ICHIMURA Family Name |
| 2 | **Inventor's Signature | <b>:</b>   | STV STI T (LETT)                       | winder initial               | 1 minity i vanic     |
| 3 | **Date of Signature:   | ••••   |  |                              |                      |
|   |                        | Month  |  | Day                          | Year                 |
|   | Residence:             | Isehara-sh   | ni                                     | Kanagawa                     | JAPAN                |
|   | 74 90 pt               | City   |  | State or Province            | Country              |
|   | Citizenship:           | JAPAN  |  |                              | ·                    |
|   | Citizenship:           | Post Office Address:<br>(Insert complete                     | 4-670-1-#305                           |                              |                      |
|   |                        | mailing address, including country)                          | Isehara, Isehara-shi, Kana             | gawa, 259-1131, JAPAN        |                      |
| 1 | Typewritten Full Nan   | ne<br>ator (if any)  |  |                              |                      |
| 2 | **Inventor's Signature | ::<br>   | Given Name                             | Middle Initial               | Family Name          |
| 3 | **Date of Signature:   |  |  |                              |                      |
|   | 12 22<br>q 12 2000qq   |  | Month                                  | Day                          | Year                 |
|   | Residence:             |  |  |                              |                      |
|   | Citizenship:           | City   |  | State or Province            | Country              |
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|   |                        | mailing address,<br>including country)                       | ************************************** |                              |                      |
| 1 | Typewritten Full Nan   | ne   |  |                              |                      |
|   | of Fifth Joint Invento |  |  |                              |                      |
| 2 | **Inventor's Signature | :  | Given Name                             | Middle Initial               | Family Name          |
| 3 | **Date of Signature:   |  |  |                              |                      |
|   |                        |  | Month                                  | Day                          | Year                 |
|   | Residence:             | City   |  | C D                          |                      |
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|   |                        | including country)   |  |                              |                      |

<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

Docket No.: 106143

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD AND APPARATUS FOR MANAGEMENT AND REPRESENTATION OF DYNAMIC CONTEXT

described and claimed in the specification:

#### Check one

| a. | ⊠ | attached i | hereto.           |                |                  |
|----|---|------------|-------------------|----------------|------------------|
| b. |   | filed on _ | as Application No | and amended on | (if applicable). |

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

None

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Registration No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|---|--|------------------------------|-------------------|-------------|
| •   |  | Given Name                   | Middle Initial    | Family Name |
| **Inventor's Signature                      | e:                                       |                              |                   |             |
| **Date of Signature:                        |  |                              |                   |             |
|   |  | Month                        | Day               | Year        |
| Residence:                                  | Redwo                                    | od City                      | California        | U.S.A       |
|   | C  | ity                          | State or Province | Country     |
| Citizenship:                                | DENMARK                                  |                              |                   |             |
|   | Post Office Address:<br>(Insert complete | 330 Alameda de las Pulgas    |                   |             |
| mailing address, including country)         |  | Redwood City, California 940 | 62, U.S.A.        |             |
| 4707  |  |                              |                   |             |

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE  $\ oxdim$ 

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<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

# PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

|                         | Typewritten Full Nam of Second Joint Inven   |                                       | Lester                     |                                 | NELSON              |
|-------------------------|--|---------------------------------------|----------------------------|---------------------------------|---------------------|
|                         | by Second Jones Invers   | []                                    | Giyen Name                 | Middle Initial                  | Family Name         |
|                         | **Inventor's Signature   | $\mathcal{A}_{\mathcal{N}}$           | In Nelson                  |                                 |                     |
|                         | **Date of Signature:   |                                       | 1/16/01                    |                                 |                     |
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|                         | Residence:   | Santa Cla                             |                            | California                      | U.S.A.              |
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|                         | Citizenship:   | USA                                   |                            |                                 |                     |
|                         |  | Post Office Address:                  |                            |                                 |                     |
|                         |  | (Insert complete                      | 2453 Michele Jean Way      | <u></u>                         |                     |
|                         |  | mailing address, including country)   | Santa Clara, California 95 | 050 II S A                      |                     |
|                         | 20 to 27 27 37   | <del>-</del>                          | Santa Ciara, Camonna 93    | 030, 0.3.A.                     |                     |
|                         | Typewritten Full Nam of Third Joint Invent   |                                       | Satoshi                    |                                 | ICHIMURA            |
|                         | oj imiu somi zavena  | or (g ung)                            | Given Name                 | Middle Initial                  | Family Name         |
|                         | **Inventor's Signature   | e:                                    |                            |                                 |                     |
|                         | **Date of Signature:   |                                       |                            |                                 |                     |
|                         |  | Month                                 |                            | Day                             | Year                |
|                         | Residence:   |                                       | .;                         | Kanagawa                        | JAPAN               |
| 100                     | igar<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or<br>or | Isehara-sl                            | 11                         | State or Province               | Country             |
| 41                      |  | City                                  |                            | State of Province               | Country             |
| 74                      | Citizenship:   | JAPAN                                 |                            |                                 |                     |
| Mr. of the tol for that |  | Post Office Address:                  | 4-670-1-#305               |                                 |                     |
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|                         |  | including country)                    | Isehara, Isehara-shi, Kana | gawa, 259-1131, JAPAN           |                     |
| 21                      |  | me                                    |                            |                                 |                     |
| 12                      | of Fourth Joint Inve   |                                       |                            |                                 | •                   |
| £ 12                    |  |                                       | Given Name                 | Middle Initial                  | Family Name         |
| 15                      | **Inventor's Signatur  | re:                                   |                            |                                 |                     |
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| 111,111                 | Residence:   | City                                  |                            | State or Province               | Country             |
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|                         | of Fifth Joint Inven   |                                       |                            |                                 |                     |
|                         |  |                                       | Given Name                 | Middle Initial                  | Family Name         |
| 2                       | **Inventor's Signatu   | ire:                                  |                            |                                 |                     |
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<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

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Docket No.: 106143

### APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

| (if plural inventor  | rs are named below) of the s  | ubject matter which is clain   | nly one name is listed below) or an oring one and for which a patent is sought or ESENTATION OF DYNAMIC CONTRACTION OF DYNAMIC CONTRACTIO | n the invention entitled:                                     |
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|  | nimed in the specification:   | WIGHT THE TOTAL  | BBB: 111111011 OF B 1111 IMIO COTT   |   |
| Check one  | - <b>,</b>  |  |  |   |
|  | attached hereto.  |  |  |   |
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| amended by any<br>I ackno  | amendment referred to above   | e.   | ents of the above-identified specificat  |   |
|  |   | = =  | c following foreign application(s) and<br>n one year prior to this application are l   | -   |
| None   |   |  |  |   |
| States of Americ   |   | ear prior to this application  | ate on this invention were filed in conn, or (b) before the filing date of the a   |   |
|  |   |  | with full power of substitution and  | revocation to prosecute this                                  |
| application and the second sec | Kirk M. Hue<br>Edward P. V  | liff, Reg. No. 27,075; Will<br>dson, Reg. No. 27,562; Ti<br>Valker, Reg. No. 31,450; | iam P. Berridge, Reg. No. 30,024;<br>iomas J. Pardini, Reg. No. 30,411;<br>Robert A. Miller, Reg. No. 32,771;<br>tephen J. Roe, Registration No. 3   | 4 463   |
| ALL CORRES PLC, P.O. BOX   | PONDENCE IN CONNEC<br>( 19928, ALEXANDRIA, V  | CTION WITH THIS AP<br>/IRGINIA 22320, TELEI  | PLICATION SHOULD BE SENT ?<br>PHONE (703) 836-6400.  | TO OLIFF & BERRIDGE,  |
| own knowledge<br>were made with  | are true and that all statement the knowledge that willful to Title 18 of the United State. | ents made on information false statements and the lil                                | atents of this Declaration, and that all stand belief are believed to be true; and se so made are punishable by fine or it false statements may jeopardize the   | further that these statements<br>imprisonment, or both, under |
| Typewritten Full N<br>of First or Sole In  |   | Elin   | R.   | PEDERSEN  |
| <b>,</b>   |   | Given Name   | Middle Initial   | Family Name   |
| **Inventor's Signa   |   | <del> </del>   |  |   |
| **Date of Signatur   | re:   | <del></del>  |  |   |
|  |   | Month  | Day  | Year  |
| Residence:   | Redwoo  | od City  | California   | U.S.A.  |
| Citizenship:   | Ci<br>DENMARK   | ty   | State or Province  | Country   |
|  | Post Office Address:<br>(Insert complete<br>mailing address,                                | 330 Alameda de las Puls  | gas  |   |
|  | including country)  | Redwood City, Californ   | ia 94062, U.S.A.   |   |

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

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| 1 | Typewritten Full Nam   | ne   |                             |                               |                         |
|---|--|--|-----------------------------|-------------------------------|-------------------------|
|   | of Second Joint Inven  | tor (if any)   | Lester                      | 3 2 3 3 3 3 3 3 3 3           | NELSON                  |
| 2 | **Inventor's Signature   | <b>.</b> •   | Given Name                  | Middle Initial                | Family Name             |
| , | **Date of Signature:   | -  |                             |                               |                         |
|   | Date of Signature.   |  | Month                       | Day                           | Year                    |
|   | Residence:   | Santa Clar   |                             | California                    | U.S.A.                  |
|   |  | City   |                             | State or Province             | Country                 |
|   | Citizenship:   | USA  |                             |                               |                         |
|   |  | Post Office Address:<br>(Insert complete<br>mailing address, | 2453 Michele Jean Way       |                               |                         |
|   |  | including country)   | Santa Clara, California 950 | 050, U.S.A.                   |                         |
|   | Typewritten Full Nan   |  | ~                           |                               |                         |
|   | of Third Joint Invent  | or (if any)  | Satoshi Given Name          | Middle Initial                | ICHIMURA<br>Family Name |
|   | **Inventor's Signature   | e:   |                             | Vinuva                        | 1 minly 1 mine          |
|   | **Date of Signature:   | <del></del>  | 2/14/200                    |                               |                         |
|   |  | Month  | 2/ 1/20                     | Day                           | Year                    |
|   | Residence:   | Isehara-sh   | i                           | Kanagawa                      | JAPAN                   |
|   | 2 cm   | City   |                             | State or Province             | Country                 |
|   | Citizenship:   | JAPAN  |                             |                               | •                       |
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|   |  | mailing address,<br>including country)                       | Isehara, Isehara-shi, Kana  | gawa, 259-1131, JAPAN         |                         |
|   | Typewritten Full Name of Fourth Joint Inver  | ne<br>ntor (if anv)  |                             |                               |                         |
|   | ,8   | (99)   | Given Name                  | Middle Initial                | Family Name             |
| : | **Inventor's Signatur  | ·e·  | Given Name                  | Middle Initial                | raility tvaile          |
|   | Date of Signature:   | <del></del>  |                             | <del></del>                   | <del></del>             |
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|   |  | including country)   |                             |                               |                         |
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|   | of Fifth Joint Invent  | or (if any)  | Given Name                  | Middle Initial                | Family Name             |
|   | **Inventor's Signatur  | re:  | Sivol Maine                 | madic Initial                 | i miliy ivenic          |
|   | **Date of Signature:   |  | N.f dl.                     | D                             | V                       |
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|   | Citizenship:   |  |                             |                               |                         |
|   | _  | fice Address: (Insert complete                               |                             |                               |                         |
|   | ****   | mailing address, including country)                          |                             | at the estual date of signing |                         |

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Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.